## Division of Medical Assistance

# North Carolina Re



Current Information on North Carolina Case Mix Reimbursement

Vol. 3, Issue 2 - November 2007

The North Carolina News is a publication produced under contract with The North Carolina Division of Medical Assistance by Myers and Stauffer LC 9265 Counselors Row, Ste. 200 Indianapolis, IN 46240

The North Carolina News is published to keep all interested parties current on North Carolina Case Mix Reimbursement. Its goal is to provide information on major issues, work groups, and upcoming activities. The articles presented here are only a synopsis of the topics and are not intended to present a complete analysis of the issues.



State RAI Coordinator (919) 855-4557

> **MDS** Education **Coordinator** (919) 855-4554

MDS Automation Coordinator (919) 855-4529

MDS Clinical and **Automation Questions** Help Desk (919) 855-4583

Medicaid Case Mix **Coordinator** (919) 855-4356

**Medicaid Case Mix** Manager (919) 855-4350

Case Mix and Medicaid CMI Report Questions Myers and Stauffer (800) 763-2278

## 2006-2007 Review Update

MDS validation reviews for fiscal year 2006 - 2007 began on 11/20/06 and were completed on 9/18/07. 100% of the facilities in the state were reviewed. The review sample this year included 20% (or a minimum of 10) assessments listed on the final CMI report as the primary MDS random assessment selection. An expanded review was required if the primary sample review resulted in greater than 35% of the assessments being unsupported. The expanded review required an additional 10% (or a minimum of 10) assessment selection for a total of 30% of assessments reviewed.

The percent of facilities exceeding the unsupported threshold of greater than 35% was 13% or 51 facilities. The most frequently unsupported items were ADLs, impaired cognition, nursing restorative programs, sad mood indicators and ulcers/pressure ulcers.

## 2007-2008 Review Update -Important Information!!!



The MDS validation reviews for fiscal year 2007 - 2008 began October 1 and will continue through September 30, 2008.

The unsupported threshold for fiscal year 2007 - 2008 will be greater than 25%.

It is anticipated that follow-up reviews will be conducted this year. The follow-up review will follow the same procedure as the standard review and at least 3-business days notice would be given. The follow-up review will not be earlier than 120 days following the exit

date of the prior MDS validation review.

#### In This Issue 2006-07 Review Update ...... 1 2007-08 Review Update ...... 1 MDS 3.0 Release Date ...... 1 Electronic Signatures ...... 2 Holiday Review Schedule ...... 3 Calendar ..... 3

## MDS 3.0 Release Date

CMS released October 16, 2007, that the MDS 3.0 is scheduled to be implemented October 1, 2009. Prior to implementation CMS anticipates a satellite broadcast and other training opportunities.

North Carolina News Page One

## Dear Patty...

The "Dear Patty..." column is a regular feature in each issue of *The North Carolina News*.



Patty Padula, Myers and Stauffer's RN consultant, will discuss questions that are frequently answered by our staff. We welcome your questions for future issues.

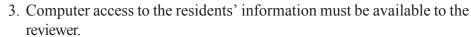
#### Dear Patty:

- *Q.* How are licensed therapy days and minutes counted for the MDS validation review? For example, if OT treats Monday, Wednesday and Friday for a total of 90 minutes and PT also treats Monday, Wednesday and Friday for a total of 90 minutes, for RUG-III classification, does that equal 3 days and 90 minutes of therapy or 6 days and 180 minutes of therapy?
- A. For RUG-III classification, days and minutes for all disciplines (ST, OT, PT) are added for a total of days and minutes, even if they all treat on the same days. For RUG-III classification and MDS validation review purposes, the above example would count as a total of 6 days and 180 minutes of therapy.

## Electronic Signatures

If a nursing facility chooses to keep resident records electronically, the nursing facility must meet the following requirements to facilitate the MDS validation review process:

- 1. The facility must have an electronic signature policy. The reviewer may request to see the policy.
- 2. The facility must have an identified procedure for making corrections to electronic entries.



- 4. Hard copies of documentation are not routinely required; however, the State reserves the right to request that certain records be printed or produced at the time of the review.
- 5. All Supportive Documentation Guidelines must be followed, including signatures, initials, and dates.
- 6. The entire medical record is still subject to review.
- 7. The facility must have written policies in place to ensure the privacy and integrity of the record.

# Supportive pocumentation Guidelines, Version 7, June 2007

Revised Supportive Documentation Guidelines were mailed to all providers on June 14, 2007. These SDGs are effective with assessments reviewed

with an Assessment Reference Date (A3a date) of August 1, 2007. It is critical that all staff members documenting are familiar with these guidelines. The RAI manual and the SDGs are the two instruments used by the RN reviewers in conducting the nursing facility MDS validation review.

# Will A Quarterly Note Support MDS Documentation

A quarterly note reflects the last three months (92 days), therefore would not support any MDS items for the MDS Validation Review. This decision is due to the MDS items look back period. It would not be possible to identify which period within the quarter (92 days) the note reflected. Should a discipline wish to document in the quarterly note an example that occurred within the observation period, the example would need to reflect (be dated) the date the example occurred. This would allow the reviewer to link the example to the date of occurrence.

In addition, at no time would a quarterly note suffice for supporting documentation for ADLs for the MDS Validation review.

North Carolina News Page Two

Restorative Generally, restorative nursing programs are initiated when a resident is discharged from formalized physical, occupational, or speech rehabilitation therapy. A resident may also be started on a restorative program when a restorative need arises during the course of a custodial stay and they are not a candidate for a more formalized therapy program. Restorative nursing is a nursing function and does not require a physician's order or oversight by a licensed therapist. In addition, rehabilitation or restorative

- The <u>individual</u> program must be clearly identified (ex. AROM, splint or brace assistance, transfer, walking, grooming, etc.)
- **Measurable** goals (objectives) and **measurable** interventions (actions) are clearly documented (care planned) for **each individual program** (for something to be measurable it must have a particular unit of measurement attached to it, e.g. a time-scale, a weight or a distance)
- A periodic evaluation by a licensed nurse is present in the resident's record for **each individual restorative program** (periodic evaluation for MDS validation review purposes is defined as an evaluation by a licensed nurse within the observation period)
- Nurse assistants/aides are trained in the techniques that promote resident involvement in the activity
- The activities are supervised by a licensed nurse, although these interventions may be carried out by nurse assistants/aides, other staff or volunteers
- Groups with more than four residents per supervising helper or caregiver are not included
- The technique, procedure or activity practiced total at least 15 minutes during a 24-hour period to report one day of restorative

### Restorative Nursing Documentation Requirements for MDS Validation Review:

A licensed nurse must care plan each restorative nursing program, establish measurable goals and measurable interventions specific to each individual resident.

For RUG-III classification, each program must total a minimum of 15 minutes during a 24-hour period for at least six of the seven days during the observation period for **each** problem addressed. The MDS validation reviewers are required to review actual minutes provided each day for each program and signed by the staff providing the service.

Interventions may be carried out by CNAs, or other staff or volunteers. However, an evaluation of each program the resident is receiving restorative services for must be documented by a licensed nurse within the observation period.

In observance of the upcoming holidays, there will be no reviews scheduled November 22 and 23 during Thanksgiving. During the Christmas holiday, there will be no reviews

care must meet all of the following criteria:

scheduled between December 24 and January 1. Reviews will resume January 2, 2008.



Calendar

The 2008 CMI Listing Report and Transmission Schedule is now available on-line at <a href="https://www.mslc.com">www.mslc.com</a>. Click on Resources, select North Carolina and click on Reports.

North Carolina News Page Three